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| Case Number: | CM14-0024597 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 09/22/2003 |
| Decision Date: | 07/24/2014 | UR Denial Date: | 02/20/2014 |
| Priority: | Standard | Application Received: | 02/26/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 71 year old female whose date of injury is 09/22/2003. On this date she was struck by an automobile as she crossed the street. She underwent cervical fusion on 02/04/09 and lumbar fusion on 11/17/09. CT of the cervical spine dated 08/17/12 revealed at C4-5 there are postoperative changes from anterior and posterior fusion. There is solid interbody fusion and bilateral posterior fusion. There is no central canal stenosis. There is mild right foraminal narrowing. At C5-6 there is no central canal stenosis. There is mild bilateral foraminal narrowing. Note dated 05/23/14 indicates that she has had some acupuncture, but did not finish due to some increased pain. On physical examination straight leg raising is positive. Diagnoses are cervical disc displacement, lumbar disc displacement, lumbosacral neuritis/radiculitis, and cervical radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

LEFT TRANSFORAMINAL CERVICAL EPIDURAL STEROID INJECTION UNDER FLUOROSCOPY X1 AT C4-5 AND C5-6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: Based on the clinical information provided, the request for left transforaminal cervical epidural steroid injection under fluoroscopy x 1 at C4-5 and C5-6 is not medically necessary. The submitted physical examination fails to establish the presence of active cervical radiculopathy, and the submitted cervical CT scan does not document any significant neurocompressive pathology. The Chronic Pain Medical Treatment Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. Given the above the request is not medically necessary.